

CHAPTER 8

CAUSES OF FAMILY FAILURE IN WESTERN COMMUNITIES, WITH SPECIAL REFERENCE TO PSYCHIATRIC FACTORS

Definitions which attempt to describe 'normal home life' in terms of family structure are seen to be inadequate. Not only is it clearly understood both by the Curtis⁷² and the League of Nations Reports⁹⁰ that a child can have a normal home life when living with relatives other than his parents, but it is obvious that a child can be living with his own parents and yet not be getting a normal home life. It is evident that the definition must be in *functional* terms.

It is because a young child is not an organism capable of independent life that he requires a special social institution to aid him during his period of immaturity. This social institution must aid him in two main ways : first, by helping in the satisfaction of immediate biological needs such as nutrition, warmth and shelter, and protection from danger ; secondly, by providing a milieu in which he may develop his physical, mental, and social capacities to the full so that, when grown up, he may be able to deal with his physical and social environment effectively. This demands an atmosphere of affection and security.

Traditions as to who normally performs these indispensable functions of child care vary from community to community. In most, the child's natural mother and father play leading parts, though even this is not always the case. Traditions vary especially in regard to the extent to which there are accepted substitutes for mother and father readily available. In many of the less-developed communities, people live in large family groups comprising three or four generations. Near and known relatives—grandmothers, aunts, older sisters—are thus always at hand to take the maternal role in an emergency. Economic support, moreover, is forthcoming if the breadwinner is incapacitated. The greater family group living together in one locality provides a social insurance system of great value. Even in Western communities, there are many rural pockets in which close-knit and much inter-married village groups provide similar social services for their members. It is probably only in communities in which the greater family group has ceased to exist that the problem of deprived children is found on a serious scale. This condition characterizes many communities of Western industrialized culture, in which it is usual for young men and women to migrate far from their birthplaces and, not infrequently, to move many times in the

course of their married lives. As a result of such migrations very many families have such loose ties with their local societies that for whole communities it has ceased to be a tradition to help a neighbour in distress. As a result of this social fragmentation, of which Mumford¹⁰⁷ and others have written, a far heavier responsibility for child care is placed on the father and mother than is the case in more primitive, close-knit communities. Not only does such a fragmented community provide no substitutes should the mother or father be temporarily or permanently incapacitated but, by putting this great load on parents, it may disrupt a family which in better circumstances could hold together.

In Western communities today it is the tradition that 'normal home life' is provided by the child's mother and father, which is conveniently described as the child's 'natural home group'. Despite social fragmentation, it still remains the tradition (though less strong than formerly) that, if this group fails for any reason, near relatives take responsibility for the child. In any analysis of the causes of children becoming deprived, therefore, it has to be considered not only why the natural home group has failed, but also why relatives have failed to act as substitutes.

Causes of the Natural Home Group Failing to Care for the Child

These are conveniently grouped under three heads according to the state of the natural home group :

- (1) Natural home group never established :
 Illegitimacy
- (2) Natural home group intact but not functioning effectively :
 Economic conditions leading to unemployment of breadwinner
 with consequent poverty
 Chronic illness or incapacity of parent
 Instability or psychopathy of parent
- (3) Natural home group broken up and therefore not functioning :
 Social calamity—war, famine
 Death of a parent
 Illness requiring hospitalization of a parent
 Imprisonment of a parent
 Desertion by one or both parents
 Separation or divorce
 Employment of father elsewhere
 Full-time employment of mother.

Any family suffering from one or more of these conditions must be regarded as a potential source of deprived children. Whether or not these children actually become deprived will depend on (a) whether both or only one parent is affected, (b) whether, if only one parent is affected, help is

given to the other, and (c) whether relatives or neighbours are able and willing to act as substitutes. The causes leading to deprivation in any particular case cannot be regarded as adequately presented unless information is available on all these points.

It is at present impossible to obtain even reasonably satisfactory figures giving the proportions of children deprived of a normal home life on account of these different conditions and of combinations of them. The obscurity is particularly notable in the second group where the natural home group is still in existence but for some reason not functioning effectively. Terms such as sloth, neglect, destitution, lack of parental control, cruelty are used, which do little more than describe the symptoms of the failure without in any way accounting for it. Notes of the factors responsible for such conditions, especially ill-health and mental instability, both of which are now known to be of great importance, are conspicuous by their absence. Similarly, under the third heading, death of a parent or desertion is frequently regarded as sufficient without even stating whether it is the father or the mother who has died or deserted, let alone the circumstances preventing the other caring for the child. It is very much to be hoped that as a result of the report of the Social Commission of the United Nations on this subject it may be possible to design more adequate categories of the causes of deprivation and of relatives failing to act as substitutes, and so to collect figures which are at once informative and comparable with others.

It is not possible in this report to attempt a thorough survey of whatever statistics exist. To obtain some idea of the proportions of the problem, however, certain figures which happened to be easily available, comprising four samples from the United Kingdom,^{24, 29, 109, 110} two (one unpublished) from the USA,¹⁰⁰ and one from Sweden¹⁴⁰ are given in Appendix 4.^j The main conclusions to be drawn from them, and from discussions with experienced social workers, appear to be as follows :

(a) The death of one or both parents is no longer of overriding importance, largely due to low death-rates for adults of child-bearing age and schemes of assistance for widows with children. Such cases probably account for less than 25% of all cases. In two of the largest samples, one British and the other American, the percentages were 10 and 6 respectively.

(b) Illegitimacy features prominently in all sets of figures, varying from about 10% to 40%. In homes for infants and children under 6 in Denmark in about 1945 the percentage was 80.¹³⁰

(c) The natural home group being existent but not functioning effectively, resulting in 'neglect', 'destitution', 'lack of parental control', or 'maladjustment of child', is prominent in all but one set of figures and shows this condition to be the greatest single cause today. Poverty, neglect,

^j See page 520.

and lack of parental control account for 60% of cases in one large British sample while maladjustment of the child is responsible for 26% of cases in a New York sample.

(d) Where the natural home group is broken up, separation and divorce are common factors, varying from about 5% to 25% of all cases.

(e) Another important cause of the break-up of the natural home group is prolonged illness of a parent, necessitating hospitalization (or, in the case of mental defectives, institutionalization). Mental illness and defect predominate and probably account for some 5% to 10% of all cases.

(f) A situation has arisen in the United Kingdom in which it is now legally possible for parents who have been evicted for not paying their rent to leave the children in the care of a local authority and to find accommodation for themselves where children are not accepted. In one area this accounts for about 33% of the children in care.

Most of these immediate causes of children needing care have hitherto been accepted fatalistically as an inevitable part of social life, and until recent years no attempt was made to look beyond them into the underlying factors at work. Are illegitimacy, neglect, maladjustment, and desertion to be accepted as unavoidable social evils, or is there some prospect of understanding the forces promoting them and of combating them? It is the thesis of this report that the present increased knowledge of human nature and of the part which family life plays in its development gives many and valuable clues to the understanding of the forces at work. The totality of these forces can be grouped broadly under the headings economic, social, and medical: the economic comprise the opportunities, or lack of opportunities, the family has for earning an adequate livelihood; the social, the social system within which it lives and which provides greater or less support; and the medical, the mental and physical health of the parents which determine what use is made of the opportunities offered. It is at once evident that the relative contributions of these three sets of forces will vary enormously from one community to another and, in the same community, from one period of time to another. Sometimes the economic forces will preponderate, sometimes the social or the medical, and at all times they will interact. No attempt is made here to discuss the economic forces at work. In what follows an attempt has been made to explore the nature and effects of the social and medical forces and to give special attention to psychiatric factors.

There is no group of children in danger of deprivation in whose production psychiatric factors play a larger part than illegitimates. For this reason, and because the care of illegitimates raises special problems, a separate chapter has been given to them. The present chapter will be concerned with the psychiatric factors conducing to the natural home group either breaking up or, although intact, failing to function effectively.

Considering that personality disturbances, especially in mothers, almost certainly play the principal part in a majority of the cases coming into care in Western communities today, it is remarkable that so little attention has hitherto been given to them. They are of particular importance in contributing to such diverse conditions as neglect, cruelty, the prolonged ill-health of a parent, lack of parental control, unhappy marriage, desertion, separation, and divorce. Each of these will be discussed in turn, note being taken of the contributions to their origin of psychiatric disabilities in the parents and the part played by deprivation and unhappiness in the childhoods of those parents.

Neglect

Cases in which parents are deemed to be neglecting their children are heterogeneous. Often the failure is in respect of physical care only and many experienced social workers have testified to the frequency with which children who have been 'neglected' in the sense of their being dirty and ill-nourished are in excellent mental health and have clearly not suffered from the deprivation of love. Unfortunately, so preoccupied with physical health, and it might be added physical appearance, have workers sometimes been that the paradox has been witnessed of expensive social action being taken to convert a physically neglected but psychologically well-provided child into a physically well-provided but emotionally starved one.

At least two forms of neglect can therefore be recognized—physical neglect and emotional neglect—and, though they may often co-exist, it is of prime importance to distinguish them since they need very different therapeutic measures. Broadly speaking it will be found that, while physical neglect is most often due to economic factors, the ill-health of the mother, and ignorance, emotional neglect is the result of emotional instability and psychopathy in the parents. Mental defect may contribute to both.

The causes of parents who are living together neglecting their children was the subject of a report published in 1948 by a group of English women under the chairmanship of the late Eva Hubback.¹¹⁰ While it is suggested that in England in the years 1946-1947 external and economic factors were not the principal cause, and that personal factors in the parents were of more substantial importance, it unfortunately failed to discuss these personal factors in much detail. Though the data on which its conclusions are based are far from satisfactory, there is no evidence of undue preoccupation with psychiatric factors—indeed the reverse is probably the case.

External and economic factors are discussed under four main heads, the principal conclusions being as follows :

Poverty : "Insufficient income was not generally considered to be directly responsible for neglect in the larger number of cases", though "complete inability . . . to manage the household budget . . . clearly may be a cause, and there were many examples of foolish spending".

Size of family : " Most witnesses were of the opinion that child-neglect in large families is no greater than in small ", but " there is abundant evidence . . . that pregnancies too close together " can undermine the mother's health.

Bad housing conditions : Though " there can be no doubt that bad housing can accentuate difficulties already existent ", it was none the less reported " that the homes where child-neglect was frequently found were not slum property nor poky hovels ".

Mother normally working : They found " no conclusive evidence that this was a cause of neglect " (pages 55-59).

In other Western communities it may well be that unemployment with inadequate insurance systems and consequent poverty are a major cause of a family going downhill, ultimately leading to neglect, but such conditions were apparently not common in England when this report was written. On the other hand, the report emphasizes the importance of physical and mental ill-health, both of which, it believes, have been greatly underestimated in the past.

" There is reason to believe that a wider study of women guilty of neglecting their children would confirm that not only do they not enjoy the kind of robust good health which would make their task possible, but that many would be in very poor health indeed . . . There is . . . a widespread failure to recognize psychological factors. People look for bad housing, poverty, and overcrowding as reasons for neglect. Too seldom do they take into account emotional conflict or abnormality " (page 60).

These are also the conclusions of the various medical officers of health who have investigated ' problem families ', namely families which exhibit a multiplicity of social problems, among which persistent child neglect is prominent, and which do not respond to ordinary measures of social aid. Blacker ²¹ has presented a useful review of the English literature and also refers to Querido's work in the Netherlands. The parents in problem families, especially the mothers, are found to be characterized by ineducability and instability of character. Though mental defect is not infrequent —both Wofinden ¹⁵³ in an urban district of England and Savage ¹²⁸ in a rural one found mental defect or near mental defect in about 25% of the mothers of problem families—it is agreed that this is not the major problem. Both Blacker and Mrs. Hubback's group point out that many borderline defectives make satisfactory parents if circumstances are reasonably favourable and familiar and they do not have too many children. " Distinguishable from the mental subnormality ", writes Blacker, " there is often present in either or both parents, but commonly in the mother, a temperamental instability which expresses itself in fecklessness, irresponsibility, improvidence and indiscipline in the home." In more theoretical terms it may be said that what is lacking is the capacity to adopt the abstract attitude. Describing the situation in the home, Querido ¹¹⁸ writes : " There are no papers, no books, no clock or calendar or other things of rule or order . . .

There is no attempt at planning or saving. When money is obtained, it is immediately expended, often on expensive delicacies." It is clearly this fundamental inability to function abstractly, to consider matters other than those of the moment, which explains much of the instability and psychopathy and which accounts for their lack of response to education and other measures designed to help them. Both Querido and Wofinden¹⁵⁴ state that, in their experience, bad housing has very little to do with the problem—it is the ineducable psychopathic character which is the heart of it.

Apart from these unchanging character disorders, which may lead to gross neglect, are the more transient conditions of anxiety and depression which, if present in a mother, may lead her to neglect her household duties, resulting in the home gradually deteriorating into a slum. Her loving feelings for the children may cease or may become infused with impatience and bitterness. Though such a condition is really an illness requiring medical attention, it frequently goes undiagnosed until the home has sunk below tolerable limits, in which circumstances it is more likely to be regarded as a social offence.

Discussions with social workers prominent in child care in the USA have again and again emphasized the importance of the emotional problems in the parents as being a major cause of children being in need of care and have emphasized, too, the extent to which deprivation and unhappiness in the parents' own childhoods have been the cause of their present problems. The psychopathic and unstable parent met as the cause of child neglect is clearly as often as not the grown-up affectionless psychopathic child, who has been discussed at length as being the typical product of maternal deprivation. Here again are the fickleness and irresponsibility, the inability to adopt an abstract attitude or to learn, the inaccessibility to help, the superficial relationships, the promiscuous sexual behaviour, with all of which the reader will have already become familiar. Admittedly, many such problem parents do not show all these features—in some the disability may be only partial—but of the basic identity there can be no doubt. This social succession—of the neglected psychopathic child growing up to become the neglectful psychopathic parent—has hitherto received little attention: on the contrary, the impression is given that those investigating problem families have been more concerned with possible heritable characteristics as accounting for the psychopathy of parents than with the events of their early childhoods. Because research workers have not so far given attention to this aspect of the matter, well-authenticated data are scarce. The main thesis is borne out, however, by the analysis¹¹⁰ of 234 pairs of parents who had contributed 346 children to Dr. Barnardo's Homes in the years 1937-1939. It is true that in 60% of the mothers and 76% of the fathers no information regarding the parents' background was available, but this in itself is an important pointer, because, as the investigators state: "We have the impression that this type of parent has led an unsettled life, lacking

permanent connexions, which makes a full case history impossible" (page 49). In the cases where some information is available the results are as set out in table XI.

TABLE XI. CHILDHOOD CIRCUMSTANCES OF PARENTS OF CHILDREN COMMITTED TO CARE (DR. BARNARDO'S HOMES)

Childhood circumstances	Mothers	Fathers
	%	%
Illegitimate	3	4
Institution	6	2
Abnormal childhood	49	25
Normal childhood	42	69
	100	100
Number of cases	97	53

"Abnormal childhood", it is stated, "refers to parents who were reared in an atmosphere not conducive to healthy development, such as a broken home or dire poverty. Generally they would have come into our categories N[eglect], W[ilful] N[eglect], or C[rue]lty, during childhood. The majority in this class are physically or mentally handicapped" (page 49). Thus 58% of the mothers and 31% of the fathers about whom there is information are known to have been deprived of a normal home life in their own childhood. Though these data are by no means wholly reliable there is no reason to suspect that they err on the side of exaggerating factors of psychiatric significance. It is to be hoped that this lead in the understanding of the origins of problem parents will be given due attention in future research.

Physical cruelty

Mercifully this is rare, accounting for no more than 3% to 5% of children in care. Though no psychiatric study of the personalities and childhood histories of parents guilty of this behaviour seems to have been undertaken, clinical experience of schoolchildren referred on account of their cruel behaviour to others shows them to be suffering from severe maladjustment, almost always resulting from gross deprivation or rejection. Cruelty to animals and other children is a characteristic, though not common, feature of the affectionless psychopath, and occasional outbursts of senseless cruelty are well known in schizophrenics and pre-schizophrenics. It is, therefore, probably safe to predict that when a study of parents guilty of physical cruelty to their children is made, personality disturbances

will prove the rule, either following a history of deprivation or rejection in childhood, or associated with a schizoid illness.

Prolonged ill-health of a parent

The contribution of chronic ill-health in a parent, especially the mother, to the causes of children becoming deprived has been much underrated in the past. Once again, moreover, attention must be called to psychiatric factors since, as a leading American authority, Hopkirk,⁷⁸ has stated : " mental disease of a parent is one of the most common of the factors leading to child dependency " (page 8), whether the mother is in a mental hospital or not. Because of its frequency and long duration, mental illness often plays an even larger part than physical illness in leading children to become in need of care ; for, not only does undiagnosed neurosis and psychopathy in the mother underlie much neglect of children in their homes, but, when the condition is diagnosed, her prolonged convalescence or hospitalization may necessitate special measures for their care elsewhere.

It is unnecessary here to rehearse the evidence pointing to unhappy childhood relationships being a major factor in the etiology of neurosis and to some extent also of psychosis. Some of the evidence relating these conditions to broken homes is reviewed in Appendix 1.^k

Lack of parental control

In many countries legal machinery exists for removing children from their parents' care, either with or without parental consent, on the grounds of their being 'out of control'. Most of such children are neglected, maladjusted, or both. Since it is often a matter of chance under which designation a child is dealt with and since in any case maladjustment and lack of parental control are but the two sides of a single coin, no separate consideration will be given to this heading. Maladjustment is dealt with in chapter 14.

Unhappy marriage, desertion, separation, and divorce

Though a happy stable marriage is clearly a prerequisite for the effective family care of children, comparatively little research has been undertaken into factors contributing to it. The two most thorough inquiries were both carried out in the USA in the 1930s. Since in neither case was a psychiatrist or psycho-analyst engaged, there are no studies of the personalities and mental health of the couples. On the other hand, the conclusions regarding the influence of childhood factors are all the more striking as coming from an unexpected source.

Terman¹³⁸ conducted a statistical study of questionnaires completed by 792 couples in California. The three factors found to have the highest positive correlation with marital happiness were : marital happiness of the

^k See page 511.

couples' parents ; happiness of childhood ; no conflict with mother. Naturally any study which relies on the questionnaire method and is dependent on the couples' reports is open to some doubts on the score of reliability. This is offset, however, by Burgess & Cottrell³⁶ reaching an almost identical conclusion from an independent inquiry. They also analysed questionnaires, in this case of 526 couples, mostly young middle-class Americans, in Illinois. From this part of their inquiry they conclude :

"The most significant association of any childhood familial factor with marital accord or discord established in this study is that of the reported happiness of the marriages of the parents of the husband and of the wife. Next in significance appear to be the closeness of attachment of the husband and the wife to their parents."

(For both wife and husband attachment to mother showed a higher positive correlation with marital happiness than that with father). The identity of these findings with those of Terman is especially noted.

Burgess & Cottrell proceeded further, however, by adding to their statistical study a detailed clinical study of 100 couples. From this they conclude :

"The affectional relationships of childhood condition the love-life of the adult. The response patterns of relationships established in childhood appear to be the dynamic factor determining the expression of affection in adult life. This finding . . . corresponds more or less closely to the conclusions reached by other workers in their clinical analysis of material obtained over a prolonged period by intensive psychiatric interviews."

These conclusions arrived at independently by psychologists and sociologists of high standing must be taken as important confirmatory evidence of the main propositions underlying this report and of the particular proposition of this chapter—that deprived and unhappy children grow up to make bad parents.

Causes of Relatives Failing to Act as Substitutes

It has already been pointed out that it still remains the tradition in Western communities for near relatives to care for children when the natural home group has for any reason failed, and that no account of the causes of a particular child becoming homeless is complete unless the reason for relatives failing to act in this way is given. The usual reasons for failure are :

- (a) Relatives dead, aged, or ill
- (b) Relatives living far away
- (c) Relatives unable to help for economic reasons
- (d) Relatives unwilling to help
- (e) The parents never had relatives (namely, were brought up in a series of foster-homes or an institution from early years).

It may well be that in present Western communities relatives are fewer, older, and less available for emergency aid than formerly owing to the

combined effects of a lower birth-rate, higher age of marriage, the employment of women, and the fragmentation of society. Even so, there are probably few families which have no relatives and failure to help is likely often to be due to distance, lack of accommodation, or other economic difficulty. When this is so, judicious material aid could in many cases ensure that the child remained within his greater family group.

The conditions giving rise to most difficulty fall under heads (*d*) and (*e*) where relatives are either unwilling to help or have never been available.

Not infrequently the state of affairs which causes the failure of the parents to provide for the child is also the cause of relatives being unwilling to substitute. For instance, the unmarried mother not only has difficulties economically but may also be alienated from her relatives. The mental instability and psychopathy which frequently leads to poverty and neglect on the one hand, or to desertion on the other, is also likely to be associated with bad relations with relatives and neighbours. Brill, Children's Officer for Croydon, writes (personal communication): "I always find out why the applicant cannot get help from relations and neighbours, and almost invariably it is because he himself is an unneighbourly person who has alienated the willingness of others to help." Personality factors may thus play an important part in destroying both the first and second line of defence against 'homelessness'.

Those who are fortunate to belong to large and united families are aware of the great sense of security they get from the knowledge that, should death suddenly overtake them, relatives willing to care for their children are certainly available. The absence of such a greater family is one of the many handicaps from which the child deprived of a normal home life suffers when he grows up and becomes a parent.

Though it is of the greatest importance to know the relative proportions of each of these five causes in a given community (since without such knowledge it is impossible to know in what fraction of cases better methods of work would permit the mobilization of relatives to help and in what fraction there is no alternative but community care) no studies appear to have been published.

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From the foregoing, it is evident that in a society where death-rates are low, the rate of employment high, and social welfare schemes adequate, it is emotional instability and the inability of parents to make effective family relationships which are the outstanding cause of children becoming deprived of a normal home life. This itself is an important conclusion, but it is perhaps even more important to note that the origin of adults being unable to make effective family relationships is not infrequently itself the result of their having been deprived of a normal home life in their own childhood. Thus the investigator is confronted with a self-perpetuating

social circle in which children who are deprived of a normal home life grow up into parents unable to provide a normal home life for their children, thus leading to another generation of adults unable to do the same for theirs. Most workers in child care regard this vicious circle as playing an important part in the total problem. It is a matter which clearly requires much further investigation.
